	OF CAL													
		EXPENSE CLAIM		struction										
(STD 2	NT'S NAM	=		State	ement On	Reverse S		SMEL OV	CC VIII	Page	1 of	1	Pages	
							SSAN OR EMPLOYEE NUMBER*			DEPARTMENT				
Marcy Jo Mandel Position				CB/ID NUMBER			DIVISION OR BUREAU			State Controller's Office				
Deputy State Controller, Taxation [CEA IV]				MO1			Executive Office				INDEX NOMBER		4	
RESIDENCE ADDRESS*				INIO 1			HEADQUARTERS ADDRESS				TELEPHONE NUM		NE NUMBER	
							777 South Figueroa St., S				uite 4800 213-833-6010			
CITY			STATE ZIP CODE									ZIP CODE		
							Ĺos An	aeles			CA		90017	
(1)MONTH	VYEAR	(3)	(4)	(5)	MEALS			(7)		TRANSPO		(8)	(9)	
		LOCATION				0.T.,L/T,	(-)	(A)	(B)	(C)	(D)	1 '		
Feb-11 (2)		WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		N/C,RELO. OR	INCIDEN-	COST OF	700	CARFARE,		BUSINESS EXPENSE	TOTAL	
DATE	TIME	WEKE INCORRED		FAST	LUNCH	DINNER	TALS	TRANS.	TYPE	TOLLS, PARKING	PRIVATE CAR USE	EXPENSE	EXPENSES FOR DAY	
121 1421										***************************************	100			
2-19	-									538	\$0.00	\$ 174.75	\$174.75 \$0.00	
											\$0.00		\$0.00	
											\$0.00 \$0.00		\$0.00	
									:		\$0.00		\$0.00 \$0.00	
					-						\$0.00		\$0.00	
											\$0.00 \$0.00		\$0.00 \$0.00	
											\$0.00			
			1								\$0.00		\$0.00 \$0.00	
											\$0.00		\$0.00	
											\$0.00 \$0.00		\$0.00 \$0.00	
											\$0.00		\$0.00	
-		2, 21 1 2 1 2 2 2 2 2 2	-								\$0.00 \$0.00		\$0.00 \$0.00	
											\$0.00		\$0.00	
											\$0.00 \$0.00		\$0.00 \$0.00	
(10)											\$0.00		30.00	
	SUBT	OTALS	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$174.75	\$174.75	
	CLAIN	1 TOTAL									TOTAL		\$174.75	
(44) DII											Trans Noonaa, swoona Houng			
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach reciepts/vouchers when required).											(12) NORMAL WORK HOURS			
Windshield replacement required due to crack caused by a stone/something hitting the glass on the 2/12											(13) PRIVATE VEHICLE LICENSE NUMBER			
return drive of 2/8-12 trip to Sacramento & Palo Alto for official SCO business. Within insurance deductible.														
										(14) MILEAGE RATE CLAIMED				
											0.510			
											AGENCY ACCOUNTING			
											OFFICE USE ONLY			
											- OFFICE USE ONE			
											PAID BY REV. FUND CHECK No.			
	- N		5.400	1)										
(15)												te of California. It a privately owned		
												aimed, and that I have met the		
DATE MADELLIA											ENT COTE			
CHIWWY II													337E	
7. on reverse)											*		DATE	
													3-8-11	